

Please fax this signed and completed certification sheet to Pat Lawver at (804) 371-8892 or send it via the United States Postal Service or overnight courier to:

**Pat Lawver
Provider Reimbursement
Department of Medical Assistance Services
600 East Broad Street, 8th Floor
Richmond, Virginia 23219**

**INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY
INFORMATION CONTAINED IN THIS SURVEY RESPONSE MAY BE PUNISHABLE
BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.**

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER

I hereby certify, that I have read the above statement and that I have examined the accompanying Survey of Nursing Home Labor Costs response for the period beginning January 1, 2007 and ending December 31, 2007, and that to the best of my knowledge and belief, it is a true, correct and complete statement, prepared from the books and records of

Name of Facility

Address

In accordance with applicable instructions, except as may be noted. The above referenced information was prepared by:

Name and Title

Address

Signed _____
Officer or Administrator of Provider

Date _____

Provider Name:

Provider Number: